

Delayed Certificate

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH		State File No. <u>130</u>	
County <u>Pima</u>		State <u>ARIZONA</u>	
Township _____		or Village _____	
City <u>Tucson</u>		No. <u>141 North Main</u> St. _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Florence Fish</u>		If child is not yet named, make supplemental report, as directed	
3. Sex <u>female</u>	4. Twin, triplet, or other _____	6. Premature _____	7. Married? <u>yes</u>
If plural births _____	5. Number, in order of birth _____	Full term _____	8. Date of birth <u>Oct 22 - 1883</u> , 1883
9. Full name FATHER <u>Edward Nye Fish</u>		18. Full maiden name MOTHER <u>Maria Matilda Wakefield</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>141 No. Main St</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>141 No. Main St</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>56</u> (Years)	20. Color or race <u>white</u>	21. Age at last birthday <u>38</u> (Years)
13. Birthplace (city or place) <u>Barnstable</u>		22. Birthplace (city or place) <u>Barnaby</u>	
(State or country) <u>Massachusetts</u>		(State or country) <u>Franklin Co. New York</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant's flour mill owner</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>General Merchandise & flour mill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>Oct 22 - 1883</u> , 1883		25. Date (month and year) last engaged in this work <u>Oct 22 - 1883</u> , 1883
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. Number of children of this mother <u>4</u>			
(At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>			
28. If stillborn, period of gestation _____ (months or weeks)		29. Cause of stillbirth _____	
Before labor _____		During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive at 8 o'clock a.m. on the date above stated</u>			
(Born alive or stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>Piggie St Corbett</u>	
Given name added from a supplemental report _____ (Date of) _____		or <u>179 N. Main St</u> , Midwife	
Address _____		Filed <u>2-12-35</u> , 19 <u>Tennis / H. D. D. D.</u>	
Registrar. _____		Registrar. _____	

10M-9-1-34 FORM No. 2

662-1002-464

S. G. Chalmers, Justice